

## **Silence Hurts**

### **Substance Abuse and Violence Against Women**

#### **Fact Sheet**

### **Diagnosis and Treatment**

The issues of alcohol abuse and violence against women are complex and far-reaching. When they intersect, it creates even more challenges for health and mental health professionals—challenges that are especially apparent in the area of treatment. On any given day, more than 700,000 people in the United States receive alcoholism treatment in either inpatient or outpatient facilities.<sup>1</sup>

Treatment providers working in the fields of addiction, domestic violence, and sexual assault have similar goals of helping clients become self-sufficient and healthy. However, few programs address the link between alcohol abuse and violence against women, despite research showing the connection.

### **Goals of Treatment: Alcohol Abuse**

Although each woman receiving treatment will have specific short- and long-term goals, in general, specialized substance abuse treatment programs have three goals that are similar:<sup>2,3</sup>

- Reducing substance abuse or achieving a substance-free life
- Maximizing multiple aspects of life functioning
- Preventing or reducing the frequency and severity of relapse

For most people, the primary goal of treatment is attaining and maintaining abstinence. Until the individual affected accepts that abstinence is necessary, the treatment program usually tries to focus on minimizing the effects of continued use and abuse.

### **Diagnosis-Driven Treatment (Alcohol Abuse)**

The diagnosis and treatment of addiction and alcohol abuse involves many variables. Diagnosis-driven treatment means that the individual's treatment is tailored to the patient's specific addiction syndrome and life situation.<sup>4</sup> Does the patient need to be in an outpatient or inpatient facility? Are there psychiatric symptoms that will affect sobriety? Practitioners need to consider placement and the level of care needed.

Levels of care range from outpatient services (low intensity) to medically managed inpatient services (high intensity). Accurate and thorough written records are essential to determining what type of care is needed, and whether treatment is necessary in this diagnosis-driven approach.

## **Theoretical Approaches: Alcohol Treatment**

Every facility designs its program based upon theoretical approaches accepted in the field. Some of the most widely used approaches include:

- Cognitive-Behavioral Therapy (CBT) and Cognitive-Behavioral Coping-Skills Therapy (CBST)
- Motivational Enhancement Therapy (MET)
- Relapse Prevention
- Twelve-Step Facilitation and Alcoholics Anonymous

Most programs use a combination of approaches based upon their clientele and level of treatment service. For further information about substance abuse treatment, go to [www.samhsa.gov](http://www.samhsa.gov) and click on the Center for Substance Abuse Treatment.

## **Goals of Treatment: Domestic Violence and Sexual Assault**

For professionals addressing treatment needs related to violence against women, the immediate goal is to ensure the physical safety of the woman and her children. In some cases, a woman already may have completed a safety plan (see Safety Plan fact sheet). With cases of sexual assault, practitioners must be trained to ensure the woman gets the medical help she needs, and that she takes precautions to preserve any evidence of assault in the event legal action is taken.

Many women may have their first contact with a mental health professional through a hotline, crisis center, or emergency room. All professionals need to be aware of resources that are available in their communities to help support the unique needs of each woman. However, it is important to remember that a victim's need for intervention services should not preclude the need for therapeutic services.

## **Helping Women in Abusive Relationships**

The two treatment interventions most widely used for domestic violence are support groups and individual counseling. Increasingly, cities are establishing centers that are staffed with professionals who can address both the short- and long-term needs of abused women. Because intimate partner violence, or domestic violence, is a difficult and complex problem, women who participate in both individual counseling and support groups seem to do better than women who only do one or the other. They seem to have higher self-awareness and are more willing and able to focus on their problems—not just on the abusive partner.<sup>5</sup>

## **Helping Women With Addiction and Abuse Problems**

Abused women who also have substance abuse problems face even greater obstacles, including shame, fear, and denial. Many service systems are not equipped to meet the needs of these women. An inadequate number of domestic violence programs are

available to address the special needs associated with addiction. Likewise, most addiction programs do not have a component that addresses violence issues.

Because women are more stigmatized for their substance use and abuse than men, many physicians and mental health professionals are unwilling to identify abused women as chemically dependent. This is harmful to their recovery and prevents early, coordinated intervention.<sup>6</sup>

The goals of domestic violence treatment and substance abuse treatment sometimes conflict. A shelter's primary concern is for the woman's safety; staff at a substance abuse treatment facility, on the other hand, often are not trained to keep women safe. Understandably, safety is not their first priority; sobriety comes first. It takes a conscious, coordinated effort to ensure that both a woman's safety and sobriety needs are addressed.

## References

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<sup>1</sup> Fuller, R.K. and Hiller-Sturmhofel, S. (1999). Alcoholism treatment in the United States: An overview. *Alcohol Research & Health*, 23(2), 69-77.

<sup>2</sup> Schuckit, M.A. (1994). Goals of treatment. In: Galanter, M., and Kleber, H.D. (Eds.) *The American Psychiatric Press textbook of substance abuse treatment* (pp. 3-10). Washington, DC: American Psychiatric Press.

<sup>3</sup> American Psychiatric Association. (1995). *Practice guidelines for treatment of patients with substance use disorders: Alcohol, cocaine, opioids*. Washington, DC: American Psychiatric Association.

<sup>4</sup> Smith, D.E. and Seymour, R.B. (2001). *Clinicians guide to substance abuse*. Maidenhead, Berkshire, England: McGraw Hill, Medical Publishing Division.

<sup>5</sup> Fazzzone, P.A., Holton, J.K., and Reed, B.G. (1997). *Substance Abuse Treatment and Domestic Violence*. Treatment Improvement Protocol Series 25. DHHS Publication No. (SMA) 97-3163. Rockville, MD: Center for Substance Abuse Treatment.

<sup>6</sup> Wilson, K.J., (1997). *When violence begins at home: A comprehensive guide to understanding and ending domestic violence*. Alameda, CA: Hunter House Publishers.